

<b>Issue Classification</b>		Application/Control No.	Applicant(s)/Patent under Reexamination	
		10/811,969	HOMEWOOD ET AL.	
Examiner		Allyson N. Trail	Art Unit 2876	

ORIGINAL			CROSS-REFERENCE(S)									
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)									
235	386	705	12									
INTERNATIONAL CLASSIFICATION												
G	0	0	K	17/60								
G	O	6	K	17/00								
G	O	7	C	13/00								
				1								
				1								
Allyson N Trail 6/3/2006 (Assistant Examiner) (Date)			 THIEN M. LE PRIMARY EXAMINER (Primary Examiner)								Total Claims Allowed: 195	
 Phillip M. Wise 6/13/06 (Legal Instruments Examiner) (Date)			 6/13/06 (Date)								O.G. Print Claim(s)	O.G. Print Fig.
											88	1

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R. 1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1		31		61		23	121
2		32		62		49	122
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4		34		64		27	124
5		35		65		25	125
6		36		66		26	126
7		37		67		50	127
8		38		68		28	128
9		39		69		29	129
10		40		70		30	130
11		41		71		31	131
12		42		72		32	132
13		43		73		33	133
14		44		74		34	134
15		45		75		35	135
16		46		76		36	136
17		47		77		41	107
18		48		78		42	108
19		49		79		43	109
20		50		80		44	110
21		51		81		45	111
22		52		82		40	112
23		53		83		48	113
24		54		84		46	114
25		55		85		47	115
26		56		86		18	116
27		57		87		19	117
28		58		88		20	118
29		59	1	89		21	119
30		60		90		22	120

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		10/811,969	HOMewood ET AL.
		Examiner	Art Unit
		Allyson N. Trail	2876

ORIGINAL		CROSS REFERENCE(S)		
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)	
235	386	705	12	
INTERNATIONAL CLASSIFICATION				
G 06 K	17/00			
G 07 C	13/00			
	/			
	/			
	/			
Allyson N. Trail 6/3/2006 (Assistant Examiner) (Date)		Jared J. Fureman JARED J. FUREMAN PRIMARY EXAMINER (Primary Examiner)	Total Claims Allowed: 195	
April M. Weise 6/13/06 (Legal Instruments Examiner) (Date)		6/14/2006 (Date)	O.G. Print Claim(s) 1	O.G. Print Fig. 2

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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123	212	143	242	173	272	302	332
124	213	144	243	174	273	303	333
125	214	145	244	175	274	304	334
126	215	146	245	176	275	305	335
127	216	147	246	177	276	306	336
128	217	148	247	178	277	307	337
129	218	149	248	179	278	308	338
130	219	150	249	180	279	309	339
131	220	151	250	181	280	310	340
132	221	152	251	182	281	311	341
222		153	252	183	282	312	342
223		154	253	184	283	313	343
224		155	254	185	284	314	344
225		156	255	186	285	315	345
226		157	256	187	286	316	346
227		158	257	188	287	317	347
228		159	258	189	288	318	348
229		160	259	190	289	319	349
230		161	260	191	290	320	350
231		162	261	192	291	321	351
133	232	163	262	193	292	322	352
134	233	164	263	194	293	323	353
135	234	165	264	195	294	324	354
136	235	166	265		295	325	355
137	236	167	266		296	326	356
138	237	168	267		297	327	357
139	238	169	268		298	328	358
140	239	170	269		299	329	359
141	240	171	270		300	330	360